CERTIFICATE OF MAI	L" (37 CFR 1.10)	Docket No.				
Applicant(s): Y. Machida			MAT-5860			
Serial No.	Filing Date	Examiner	Group Art Unit			
09/050,808	March 30, 1998	A. Wong	2613			
	ND CODING METHOD OF N F MOVING IMAGE SIGNAL	MOVING IMAGE SIGNAL, AN USING THE SAME	ID DECODING AND			
I hereby certify that the fo	llowing correspondence:		RECEIVED			
CPA transmittal and its	enclosures		MAR 2 3 200			
			Technology Center 260			
	e United States Postal Service	*correspondence) *Express Mail Post Office to Ado ommissioner for Patents, Washi				
		Kathleen Libby				
(Typed or Printed Name of Person Mailing Correspondence)						
		(Signature of Person M	lalling Correspondence)			
		EL736966559US				
		("Express Mali" Ma	iling Label Number)			
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PTO/SB/29 (10-00)
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE		(5) CALCULATIONS				
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	11 - 20* =	0	x \$ <u>18</u> =		\$ 0				
	INDEPENDENT CLAIMS 37 CFR 1.16(b) or (i))	5 - 3** =	2	x \$ <u>80</u> =		160				
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR1.18(d))				\$ <u>270</u> = 0					
					C FEE FR 1.18)	\$710				
	Total of above Calculations =									
	Reduction by 50% for filing  * Relssue claims in exc	ess of 20 and over orig	inal patent.	TO	TAL =	870				
6. 🗌		claims over original pa	·		-	070				
_	Small entity status: Applica The Commissioner is here	·			owing fees	to				
	Deposit Account No <u>18-035</u>		t overpayments of ch	arge the ton	Owing rees					
	a. X Fees required under	37 CFR1.16.								
	b. 🔀 Fees required under 37 CFR1.17.									
	c. Fees required under 37 CFR1.18.									
8. 🛛	. A check in the amount of \$870 is enclosed.									
9. 🗌	Payment by credit card. Form PTO-2038 is attached.									
10. 🔲 .	0. Applicant requests suspension of action under 37 CFR 1.103(b) (fee under 37 CFR 1.17(I) enclosed).									
11. 🔲	New Attorney Docket Num	ber, if desired								
	[Prior application Attorney Docket N		<del></del>	Docket Number	has been provid	ded herein.)				
12. a. <u>L</u> b. ∑	<ul><li>☐ Receipt For Facsimile</li><li>☐ Return Receipt Postc</li></ul>	•	•	MPEP 503)						
	Other:	ara (orroara so opoor	loany komizou, ooo n	000,						
NOTE:	The prior application			ver to this C	PA .					
4	UNLESS a new corre		is provided below. SPONDENCE AD	DRESS						
		12. NEW CORRE	SPONDENCE AD	DRESS						
Customer	Number or Bar Code Label			or	New cor	rrespondence address belo				
_		(Insert Customer No. o	r Altach bar code label l	nere)		•				
Name	Ratner & Prestia									
A.J.J.,	P.O. Box 980		<del></del> .							
Address										
City	Valley Forge	State	PA .	Zip Code	19482					
Country	US `	Telephone	(610) 407-0700	Fax	(610) 407	-0701				
	13. SIGNATU			ORNE	Y, OR					
AGENT REQUIRED										
_	Name (Print /Type)  Lawrence E.Asher									
	Signature Summer Charles									
	Registration No. (Attorney/Agent) 34,515									
	Date	Ma	rch 20, 2001							
		iPar	ge 2 of 21	Z		-				